

**RECREATION DEPARTMENT**

375 Merrimack St Room 7

Lowell, MA 01852

**REGISTRATION/PERMISSION FORM**

**PLEASE USE PEN & PRINT CLEARLY**

Program Registering For: \_\_\_\_\_ (Location Required) 1 Form for each Participant & Program.

PARTICIPANT'S NAME: \_\_\_\_\_

(First)

(Middle)

(Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Information:**

**\*THE FOLLOWING INFORMATION MUST BE DIFFERENT THAN STATED ABOVE\***

Emergency Contact: \_\_\_\_\_

(Name)

(Relationship)

(Address)

(Telephone)

Family Doctor: \_\_\_\_\_ Medical Insurance Co.: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please Answer all of the Following Questions**

1. Are there any activities that would be harmful to the participant's physical or emotional health? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

2. Does the participant take any kind of medication? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes,

explain: \_\_\_\_\_

3. Is the participant allergic to any medications or foods? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

4. Does the participant have any medical problems our staff should be aware of? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

I hereby give the person mentioned above permission to participate in the programs conducted by the City of Lowell Recreation Department. The Lowell Recreation Department **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of this program or due to falsification of any information on this form. Participants are encourage to speak with their doctor prior to enrolling in a program that includes activity to ensure they are able to safely participate.

I hereby give permission for emergency medical treatment to be administered to the person mentioned above by qualified medical personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(REQUIRED FOR PARTICIPATION)**

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